

VERMONT DEPARTMENT OF LABOR
Vermont Application for Eligibility
as a Training Provider under the Workforce Investment Act

Training Provider _____
Federal EIN _____
Address _____

Check One: ☐ Initial Application
 ☐ Renewal

Name & Address of Prospective Student(s)
(if known)

Training Facility Address (if different)

1) _____

2) _____

Provider Contact Person: _____
Telephone Number: _____
Email: _____
Title: _____
Date: _____

3) _____

The training facility meets the requirements of the Americans with Disabilities Act (ADA)?

☐ Yes ☐ No

Please attach the following items to the application:

- ☐ Program catalog/brochure (specifically, refund, EEO and accessibility policies)
- ☐ Current class schedule

Authorized Signature: By signing, I hereby certify that all information provided in this application package (including attachments) is accurate as of the date of submission. I further certify my understanding that any or all of the items included in the application may be displayed as part of the Vermont list of WIA-approved training providers. As a potential recipient of funds from WIA this organization agrees to comply with Section 188 of the Workforce Investment Act and 29 CFR 37.

Certified by: _____
Signature of Authorized Official

Typed/Printed Name of Signatory

Signatory's Official Title

Date: _____

PROGRAM INFORMATION (page 2-4 **must** be completed for each program)

Provider Institution: _____

Program: _____

Program Category: *(check one)*

- ☐ Occupational Skills Training
☐ Registered Apprenticeship Program
☐ College Credit Program

Type of Training/Service: *(check one)*

- ☐ Certificate/Licensure Program: _____
☐ Associate Degree _____

Total Hours of Instruction:

- ☐ Contact Hours _____ hours
☐ Credit Hours _____ hours

Class Size: Minimum _____ Maximum _____ Average _____

If the program is intended to prepare the student for licensure/certification list the type of license and the name of the licensing/certifying body.

Type of License: _____

Licensing Body: _____

Program Approvals:

Are students in the program eligible for Pell Grants under Title IV of the Higher Education Act of 1965?

- ☐ Yes: Date of certification granted by U.S. Department of Education _____
☐ No

Is this program approved by the Vermont State Board of Education? ☐ Yes ☐ No

Is the program approved by the equivalent in any other state? ☐ Yes ☐ No

Which state? _____ Which Agency? _____

Is this program approved by a professional association? ☐ Yes ☐ No

Name of professional association? _____

Description of the minimum program entry requirements (e.g. reading or math level, high school diploma or GED, other educational requirements):

Brief description of the training program and support services available to student(s)

:
Cost Information (per semester, per student)

Semester Tuition (in-state)	\$	_____
Semester Tuition (out-of-state)	\$	_____
Fees	\$	_____
Books (estimate)	\$	_____
Uniforms & Tools (estimate)	\$	_____
Total Cost (per student in-state)	\$	_____
Total Cost (per student out-of-state)	\$	_____

Number of Semesters Required _____

Description of discounts or other allowances that will be given to Workforce Investment Act customer(s):

Description of financial assistance available for student(s):

If the Vermont Department of Labor, after consultation with the Workforce Development Council (WDC), determines that the training provider intentionally provided inaccurate information or determines the provider substantially violates any requirements of the Workforce Investment Act, eligibility shall be terminated and all funds received for the program during the period of non-compliance shall be repaid.

Performance Information
(Complete One Form for Each Program)

Twelve-month period of performance being reported: From _____ (date) to _____

Training Provider _____

Program _____

1. Successful completion rate for **all** individuals participating in the program during the report period. _____ %
2. Percentage of **all** individuals completing the program that subsequently entered unsubsidized employment in a job in their field of study. _____ %
3. Average wage at placement of **all** individuals completing the program. \$ _____ per hour
4. Percentage of program participants receiving funds authorized under Title I of the Workforce Investment Act who have successfully completed the program and who are placed in employment. _____ percent
5. Percentage of participants receiving funding under Title I of the Workforce Investment Act who are placed and are retained in employment for six months after the first day of employment. _____ percent
6. Average wage after six months of employment received by participants receiving funding under Title I of the Workforce Investment Act who are placed and are retained in employment for six months after the first day of employment. \$ _____ per hour
7. Where appropriate, rate of:

Successful Licensure	_____ %
Successful Professional Certificate	_____ %
Successful Attainment of Degrees or Equivalent	_____ %
Successful Attainment of Other Measures of Skill	_____ %

If any other measure of skill, please specify:

Mail Application To: Workforce Development Council
c/o Vermont Department of Labor
P.O. Box 488
Montpelier, VT 05601-0488